

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 21, 1999 8:00 am**  
**Secretary of State**

09-21-1999 90021 004 \*\*\*550.00

0113013

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000005277**

1. Corporation Name

**AMI CONSULTING, INC.**



Principal Place of Business

**600 NORTH SHORE DRIVE  
ANNA MARIA FL 34216-0493**

Mailing Address

**POST OFFICE BOX 493  
ANNA MARIA FL 34216-0493**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/16/1998**

4. FEI Number

**650807114**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

**403 46th St. NW**

2a. Mailing Address

**403 46th St. NW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Bradenton, FL**

City & State

**Bradenton FL**

Zip

**34209**

Country

**USA**

Zip

**34208**

Country

**Manatee**

9. Name and Address of Current Registered Agent

**BARRETT, JACK K.  
600 NORTH SHORE DRIVE  
ANNA MARIA FL 34216-0493**

10. Name and Address of New Registered Agent

81 Name **BARRETT JACK K.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**403 46th St. NW**  
83  
84 City **Bradenton** FL 85 Zip Code **34208**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

**Jack K. Barrett**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **BARRETT, JACK K**  
STREET ADDRESS **600 NORTH SHORE DRIVE**  
CITY-ST-ZIP **ANNA MARIA FL 34216-0493**

TITLE **CEO** ☐ DELETE  
NAME **BARRETT ERIKA T**  
STREET ADDRESS **403 46th St. NW**  
CITY-ST-ZIP **Bradenton FL 34208**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **BARRETT JACK K.**  
1.3 STREET ADDRESS **403 46th St. NW**  
1.4 CITY-ST-ZIP **Bradenton FL 34208**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Jack K. Barrett** REQUIRED

CR2E034 (5/99)